

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009109

**CLAIMS**

|  | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--|----------|------|------------------------|------|------------------------|------|
|  | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |

|        |    |   |  |  |  |  |
|--------|----|---|--|--|--|--|
| 1      | 1  |   |  |  |  |  |
| 2      |    | 1 |  |  |  |  |
| 3      |    | 1 |  |  |  |  |
| 4      |    | 1 |  |  |  |  |
| 5      |    | 2 |  |  |  |  |
| 6      |    | 0 |  |  |  |  |
| 7      |    | 0 |  |  |  |  |
| 8      |    | 0 |  |  |  |  |
| 9      |    | 0 |  |  |  |  |
| 10     |    | 0 |  |  |  |  |
| 11     |    | 0 |  |  |  |  |
| 12     |    | 0 |  |  |  |  |
| 13     |    | 0 |  |  |  |  |
| 14     |    | 0 |  |  |  |  |
| 15     |    | 0 |  |  |  |  |
| 16     | 1  | 1 |  |  |  |  |
| 17     |    | 1 |  |  |  |  |
| 18     |    | 1 |  |  |  |  |
| 19     |    | 3 |  |  |  |  |
| 20     |    | 0 |  |  |  |  |
| 21     | 1  | 1 |  |  |  |  |
| 22     |    | 1 |  |  |  |  |
| 23     |    | 2 |  |  |  |  |
| 24     |    | 2 |  |  |  |  |
| 25     |    | 0 |  |  |  |  |
| 26     |    | 0 |  |  |  |  |
| 27     |    | 0 |  |  |  |  |
| 28     |    | 0 |  |  |  |  |
| 29     | 1  | 0 |  |  |  |  |
| 30     |    | 0 |  |  |  |  |
| 31     |    |   |  |  |  |  |
| 32     |    |   |  |  |  |  |
| 33     |    |   |  |  |  |  |
| 34     |    |   |  |  |  |  |
| 35     |    |   |  |  |  |  |
| 36     |    |   |  |  |  |  |
| 37     |    |   |  |  |  |  |
| 38     |    |   |  |  |  |  |
| 39     |    |   |  |  |  |  |
| 40     |    |   |  |  |  |  |
| 41     |    |   |  |  |  |  |
| 42     |    |   |  |  |  |  |
| 43     |    |   |  |  |  |  |
| 44     | 1  |   |  |  |  |  |
| 45     |    |   |  |  |  |  |
| 46     |    |   |  |  |  |  |
| 47     |    |   |  |  |  |  |
| 48     |    |   |  |  |  |  |
| 49     |    |   |  |  |  |  |
| 50     |    |   |  |  |  |  |
| TOTAL  | 4  |   |  |  |  |  |
| TOTAL  | 21 |   |  |  |  |  |
| TOTAL  | 26 |   |  |  |  |  |
| CLAIMS |    |   |  |  |  |  |

|  | *    |      | *    |      | *    |      |
|--|------|------|------|------|------|------|
|  | IND. | DEP. | IND. | DEP. | IND. | DEP. |

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|--------|--|--|--|--|--|--|
| 51     |  |  |  |  |  |  |
| 52     |  |  |  |  |  |  |
| 53     |  |  |  |  |  |  |
| 54     |  |  |  |  |  |  |
| 55     |  |  |  |  |  |  |
| 56     |  |  |  |  |  |  |
| 57     |  |  |  |  |  |  |
| 58     |  |  |  |  |  |  |
| 59     |  |  |  |  |  |  |
| 60     |  |  |  |  |  |  |
| 61     |  |  |  |  |  |  |
| 62     |  |  |  |  |  |  |
| 63     |  |  |  |  |  |  |
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| 66     |  |  |  |  |  |  |
| 67     |  |  |  |  |  |  |
| 68     |  |  |  |  |  |  |
| 69     |  |  |  |  |  |  |
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| 77     |  |  |  |  |  |  |
| 78     |  |  |  |  |  |  |
| 79     |  |  |  |  |  |  |
| 80     |  |  |  |  |  |  |
| 81     |  |  |  |  |  |  |
| 82     |  |  |  |  |  |  |
| 83     |  |  |  |  |  |  |
| 84     |  |  |  |  |  |  |
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| 86     |  |  |  |  |  |  |
| 87     |  |  |  |  |  |  |
| 88     |  |  |  |  |  |  |
| 89     |  |  |  |  |  |  |
| 90     |  |  |  |  |  |  |
| 91     |  |  |  |  |  |  |
| 92     |  |  |  |  |  |  |
| 93     |  |  |  |  |  |  |
| 94     |  |  |  |  |  |  |
| 95     |  |  |  |  |  |  |
| 96     |  |  |  |  |  |  |
| 97     |  |  |  |  |  |  |
| 98     |  |  |  |  |  |  |
| 99     |  |  |  |  |  |  |
| 100    |  |  |  |  |  |  |
| TOTAL  |  |  |  |  |  |  |
| TOTAL  |  |  |  |  |  |  |
| TOTAL  |  |  |  |  |  |  |
| CLAIMS |  |  |  |  |  |  |